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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).					
I hereby appoint:					
X Practitioners associated with the Customer Number: 26371 OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):					
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned gpt/ to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 375(b).					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3,73(b) to:					
The address associated with Customer Number:					
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Firm or Individual Name					
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Country		Telephone		nail	
Assignee Name and Address: IMI Intelligent Medical Implants AG Gotthardstrasse 3 Zug, Switzerland CH-6304					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.					
SIGNATURE of Assignee of Record The individual whose signature and file is supplied below is authorized to act on behalf of the assignee					
Signature	Stat M Plon and	Alle	Date	March 1	8 th , 2008
Name	Dr. S. J. McCormack	A. Moore	Telephone	+41 41 7	23 3838
Title Chairman Managing Director					
This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and					

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